

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jun 16, 1999 8:00 am  
Secretary of State

06-16-1999 90016 016 \*\*\*\*61.25

DOCUMENT # N97000007082

1. Corporation Name

THE CROSSINGS AT GRAND HAVEN HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

8081 PHILIPS HWY. STE 14  
JACKSONVILLE FL 32256

Mailing Address

8081 PHILIPS HWY. STE 14  
JACKSONVILLE FL 32256



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

3. Date Incorporated or Qualified

12/19/1997

4. FEI Number

59-3497473

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

COLTON, RALPH  
8081 PHILIPS HWY, STE 14  
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

81 Name MCHREGOR, DEBRA

82 Street Address (P.O. Box Number is Not Acceptable)

83 8081 PHILIPS HWY. #14

84 City JACKSONVILLE

FL

85 Zip Code 32256

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]*

(NOTE: Registered Agent signature required when reinstating)

DATE

1-5-99

12. OFFICERS AND DIRECTORS

TITLE D  
NAME COLTON, RALPH  
STREET ADDRESS 8081 PHILIPS HWY, STE 14  
CITY-ST-ZIP JACKSONVILLE FL 32256 ☒ DELETE

TITLE D  
NAME BRATVOLD, VICKI  
STREET ADDRESS 8081 PHILIPS HWY, STE 14  
CITY-ST-ZIP JACKSONVILLE FL 32256 ☐ DELETE

TITLE D  
NAME COLLINS, HUNTER  
STREET ADDRESS 8081 PHILIPS HWY, STE 14  
CITY-ST-ZIP JACKSONVILLE FL 32256 ☐ DELETE

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D  
1.2 NAME MCHREGOR, DEBRA  
1.3 STREET ADDRESS 8081 PHILIPS HWY. STE 14  
1.4 CITY-ST-ZIP JACKSONVILLE, FL 32256 ☐ Change ☒ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* MCHREGOR, DEBRA 1-5-99 904-733-7300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)